With the author's compliments.

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From "THE PRACTITIONER" *for March*, 1910.

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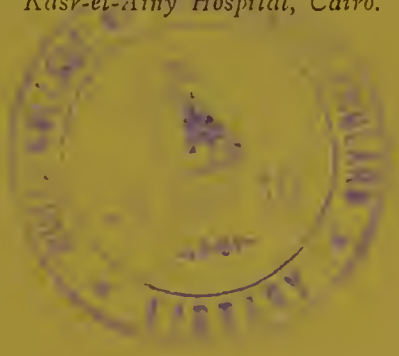

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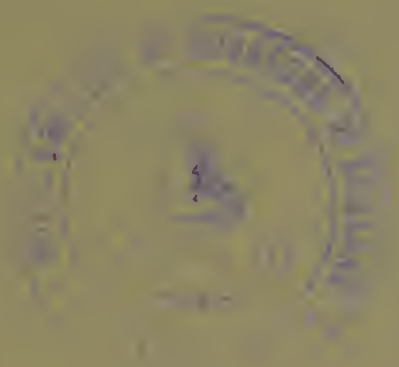

"THE PRACTITIONER," LIMITED,
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QUIET POLYPOID SARCOMA OF THE NOSE.

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[With Plates IX.—XII.]

In the *Journal of Tropical Medicine* of June 2, 1902, I published a short note on a peculiar nasal condition which possessed many interesting features. With a more extended experience, I am now enabled to present a much more complete picture of this disease in its different phases, but must admit that we have not yet been able to satisfactorily demonstrate its true pathological relations. Microscopically, its structure is that of a sarcoma; but it is almost incredible that, in such a well-nourished situation, there is any form of sarcoma of such a low grade of malignancy as to produce so comparatively little surrounding destruction, after such a prolonged period of growth. Tentatively, therefore, and subject to possible further pathological revision later, I have ventured to call the condition "quiet polypoid sarcoma of the nose," a title which fairly adequately indicates the clinical, as well as the presumed pathological, aspect of the disease. Clinically, as the series of photographs will demonstrate, the sequence of symptoms appears to be polypus formation in both nostrils, leading soon to complete nasal obstruction; expansion of the cartilaginous portion of the nose, with marked hypertrophy of the overlying skin; and, later, marked thickening and infiltration of the columella and upper lip, with, finally, but only after a very chronic course, extension to surrounding parts.

To consider these symptoms in more detail, photograph 1

is one of a boy of 14, who came to Kasr-el-Ainy Hospital with signs of nasal obstruction and deafness. Each side of the nose was found to be completely blocked by a mass of red fleshy growth, which gave one the impression of a solid mass rather than a collection of pedunculated polypi. It was not possible to ascertain the seat of origin of the mass nor, unfortunately, have I ever been lucky enough to determine this in any of my cases. The mass in the right nostril can be seen as a black shadow in the photograph. The mucous membrane in front of the mass was dry and atrophic and secreted some thin muco-pus, which sometimes formed a definite crust at the anterior nares. The nose has begun to expand and the skin over its lower half is greasy, with much enlarged sebaceous ducts, and of a peculiar pig-skin (*cuir d'orange*) appearance. It is elastic and harder than natural; but with no sensation comparable to that of scleroderma or rhinoscleroma. The breadth of the nose is already considerably increased, and the very suggestive "donkey's saddle" (Ar. *Sarg-el-homār*) shape is already becoming apparent. The anterior nares are dilated, and the boy is a typical mouth-breather. The general aspect is that of a pronounced snub nose, but without, at this stage, any tilting of the tip. There is no thickening of the columella yet, or any evidence of extension beyond the actual nasal passages. The boy gave a two years' history, but this is probably too short, as, in our experience, the disease is so very slow in developing. Photograph 2 gives a rather different view of the same case, which represents the earliest stage in the disease we have met with.

Photographs 3, 4, and 5 (the last two being taken seven years later than the first) are of an Egyptian woman, aged thirty-five, who came for treatment originally for a small hard, mucous-like polypus, which was projecting from the anterior nares. The nose gradually expanded, became flattened, and presented a peculiar saddle-shaped appearance, the skin at the same time becoming hard and thick, very like pig-skin, with much hypertrophied sebaceous glands, and a wide separation between the individual hair follicles. The openings of the nostrils soon became completely occluded and a thick hard collar of fleshy substance protruded. The upper lip was never

Plate IX.

Fig. 1.—*Boy, aged 14, with complete nasal stenosis. The nose is distended, but the polypoid growths are still limited to the interior of the nasal chambers. An early stage of the disease.*

Fig. 2.—*Another pose of the case shown in* Fig. 1. *An early case.*

Fig. 3.—*Woman, aged 35. Both nostrils completely occluded with growth which projects from the nares. The columella, as in all advanced cases, is thickened and prominent.*

Fig. 4.—*Shows the same patient as in* Fig. 3, *but 7 years later* —i.e., *at the age of 42. The upper lip is now affected.*

Fig. 5.—*A side view of the patient shown in* Fig. 4 *shows the forward projection of the lower part of the nose, and the plaque-like thickening of the upper lip. The disease is in its tenth year.*

Fig. 6.—*A case giving a history of* 15 *years. Small secondary deposit over the nasal duct.*

Fig. 7.—*The same patient as in* Fig. 6, *to show the enormous swelling of the columella and the pug-nose appearance.*

at any time affected, but there was a small hole in the hard palate, but without any ulceration. The condition gradually developed and took nearly two years to reach the condition illustrated in the photograph. It will also be noticed that the columella is very much thickened and prominent—a characteristic feature in almost all the more advanced cases of the disease.

Photograph 4 represents this patient seven years later, and the alteration in her appearance is very striking. The whole nose below the nasal bones is very much spread out and flattened and occupies much more of the face than in the former photograph. The anterior nares are much more widely open and are filled with larger masses of the same peculiar fleshy tissue. The infiltration has now extended to the upper lip, the skin of which has assumed the same characters as that over the cartilaginous part of the nose, but the red portion of the lip is unaffected. There is now a deep ulcerated crack inside the mouth, between the upper lip and the alveolar process of the superior maxilla, and a large fleshy mass in the hard palate.

Photograph 5 gives a good idea of the forward projection of the lower part of the nose and also of the plaque-like thickening of the upper lip. Emaciation is also extreme; but we cannot look on the extension of the disease as anything but a very slow process, seeing that it is now in the tenth year of its existence.

Photograph 6 shows a case rather further advanced than the last but with the same signs; and, in addition, a small rounded secondary deposit over the situation of the nasal duct, and a large mass depressing the hard palate which, however, is not perforated. The columella is enormously swollen — best seen in photograph 7 — and the pug-nose appearance is particularly well seen. Professor Ferguson examined a portion of the fleshy mass which was distending the anterior nares and found that its structure was that of a round-celled sarcoma; but neither he nor I can reconcile this finding with the fact that it has taken fifteen years for this case to attain these dimensions. He particularly examined the specimens for any trace of Leishman-Donovan or other similar bodies, but, in spite of most careful special

staining and preparation, he could not discover anything of the kind.

Photographs 8, 9, and 10 show an extreme degree of the disease. The enormous expansion of the nose and the immense hypertrophy of the skin are well seen. In places the skin is ulcerated through and the nasal septum is partially destroyed, with much of the tissue with which the anterior nares was filled. There is also much infiltration of the upper lip, but again the red margin is spared. There is the same ulcerated separation between the upper lip and the upper jaw, but the palate is not perforated. It seems almost as if the disease in this instance had spent itself in external expansion rather than in internal extension, though the nasal bones are here pushed forwards by the mass within the nose. The side view is very suggestive and well merits the term, "hippopotamus man," I have suggested for this case. This patient, like all the others, had had no treatment worthy of the name, and had almost forgotten how long the disease had lasted. Naturally no operation was possible here, and as in all the cases, except, possibly, in the first case I have recorded, it was not thought possible to attempt the ablation of the growth, the mere removal of the masses in the nares not being considered in any way an adequate treatment of the condition.

Photographs 11, 12, and 13 represent another phase of the disease, in which a fungating ulceration has become the principal feature. The first case is that of a Soudanese man who was admitted to hospital on April 11, 1901. He stated that the disease began as a small nodule inside the right nostril, which gradually increased in size. As will be seen, the disease had broken down and had affected the whole of the anterior part of the nose as an ulcerated protruberant mass, with thickened infiltrated skin at the margins. The front part of the septum is involved and there is an ulcerated surface, covered with granulations of an unhealthy character, in the mouth between the upper lip and the gums over the central incisors. The unaffected portion of the nose is hard, and the skin is in exactly the same condition as the case shown as Photograph 1, with the same widening, flattening, and pig-skin appearance. A small piece of the growth from the gums

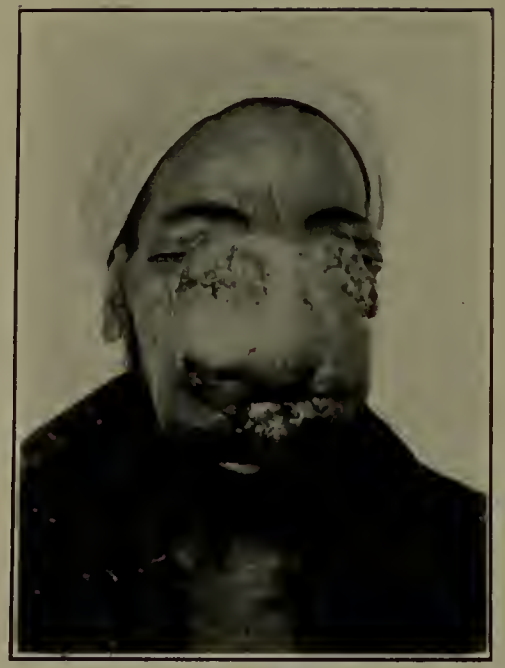

Fig. 8.—*Extreme case, of uncertain duration. Enormous expansion of the nose and immense hypertrophy of the skin.*

Fig. 9.—*The same case shown in* Fig. 8. (*The "Hippopotamus man.") Illustrates the destruction of the columella, and the remarkable way in which the red margin of the upper lip escapes.*

Fig. 10.—*The "Hippopotamus man," side view. It is again noticeable how the red part of the upper lip is not invaded.*

Fig. 11.—*Soudanese man, with fungating type of the disease*

Fig. 12.—*Woman, aged 32, with fungating type of the disease.*

Fig. 13.—*The same case as shown in* Fig. 12.

was examined by Professor Symmers and found to be a round-celled sarcoma.

In this instance, "the whole of the mass was removed, the free margin of the lip being left." The operation involved a very free skin removal and excision of the whole nose, except the nasal bones, and a clearing out of a lot of polypoid débris and infiltrated bone in the nasal fossæ and in the front of the superior maxilla. A further operation to construct a new nose was refused. The other two photographs show an even more advanced case of this kind. She was an Egyptian woman, aged 32, who dated her illness from a fall on the nose; but, on closer examination, she stated that the small fibrous tumour seen to the right and upper side of the mass came first; and I have no doubt the disease started in much the same way as the others. The general appearances are just the same; but there was an ulcerating mass, involving the greater part of the hard palate and filling up the space between the upper lip and the alveolar processes of the jaw. The red margin of the lip was not affected, as can be seen in the photograph. After a preliminary tracheotomy, I was able to remove the whole mass in its entirety, though it ran back as far as the naso-pharynx and involved the whole of the hard palate. I subsequently tried to make a new nose but with only partial success. With these exceptions no operative treatment has been attempted in the cases that have come under our notice.

It is with some diffidence that I venture to record these cases with such an incomplete pathological description; but, in these times of financial crisis in Egypt and enforced economy—of men and material—it is at present quite impossible to undertake the thorough investigation the condition deserves. I have, therefore, thought it well to submit these photographs, with their somewhat inadequate text, to all who are interested in nasal surgery, in the hope that they may be able to supplement this—the present-day state of our knowledge in Egypt—with further details on what appears to be a rare and hitherto unrecorded condition.